

**NAVAL MEDICAL LOGISTICS COMMAND  
SO-10-03**

**NOTICE OF CONTRACTING OPPORTUNITY**

**APPLICATION FOR  
NAVY CONTRACT POSITION  
SO-10-03  
March 24, 2003**

**THIS IS NOT A CIVIL SERVICE POSITION**

**I. IMPORTANT INFORMATION:** CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE APRIL 14, 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
ATTN: Code 02 (ATTN: 220)  
1681 NELSON STREET  
FORT DETRICK MD 21702-9203

E-MAIL: [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil)  
IN SUBJECT LINE REFERENCE: CODE 02 , ATTN: 220

**A. NOTICE.** This position is set aside for an individual Radiology Residency Program Director/Diagnostic Radiologist. Applications from companies or corporations will not be considered. Applications from active duty Navy personnel who will be leaving Naval service, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will be considered.

**B. POSITION SYNOPSIS.** The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and is Board Certified in Radiology. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

You shall serve as a Radiology Residency Program Director/Diagnostic Radiologist for the Radiology department, supplementing a staff of Navy radiologists and providing care and services to inpatients and outpatients for the Radiology department located in the Naval Medical Center San Diego, CA.

You shall normally provide services Monday through Friday from 0730 to 1600 (7:30am to 4:00 pm). You shall receive an uncompensated 30-minute meal break. You shall not be required to provide services on the following 10 Federal holidays: New Year's Day, Martin Luther King's Birthday, Presidents Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day, with the exception of providing on-call services which may occur on a holiday. When required, to ensure completion of services that extend beyond the normal close of business, you shall remain on duty in excess of the scheduled shift. You shall be given an equal amount of compensatory time to be scheduled upon mutual agreement of you and the Department Head or his/her authorized representative. Department meetings and lectures are frequently scheduled for the regular lunch period. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a Diagnostic Radiologist.

Additionally, you shall equitably share general radiology call coverage with other staff radiologists. These services shall include emergent and scheduled diagnostic and therapeutic radiologic procedures performed or supervised by you and/or the on-call resident. On-call services begin at the end of the normal workday (e.g., 1600 hours or 4:00pm) during the workweek and shall continue until commencement of the following workday at 0800 hours (8:00am). For weekday call, you shall be onboard in the MTF until 2000 hours (8:00pm). The remainder of the weekday call from 2000 to 0800 hours (8:00pm to 8:00am) may be provided from home. Weekend coverage begins at the close of the workday Friday at 1600 hours (4:00pm) until commencement of the workday Monday at 0800 hours (8:00am), unless the weekend incorporates a holiday on Monday or Friday. In case of a 3-day weekend of this type, call coverage will extend from close of the preceding workday until the beginning of the first following

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workday. For weekend and holiday call, you shall be required to be onboard at the MTF from approximately 0700 to 1100 hours (7:00am to 11:00am). The remainder of the weekend and holiday call services may be provided from home. Historical data indicates that the weekday call is scheduled approximately 5 days every 2- 3 months and weekend call is usually done twice in every 3-month period. The on-call physician is expected to return to the hospital for particularly complex cases or procedures but this is a very infrequent event. On-call schedules are variable and depend on the current number staff and their availability to share the work. The call and daily work schedule shall be assigned by the department head or his/her designated representative based upon established departmental procedures to distribute work in a reasonable and equitable fashion. The on-call schedule will be provided 2-4 weeks in advance. Daily work schedules assigning you to different work areas within the department are generally available the morning of first day of the workweek.

Administrative time, defined as time to perform administrative tasks in support of the radiology department or its residency, is to be granted by the Radiology department head at his discretion, as workload permits

You will be provided with a pager furnished by the Government, to facilitate provision of on-call. When paged, you shall respond by telephone within 20 minutes to the hospital. If the situation requires that your presence is necessary at the MTF, you shall arrive at the MTF within 60 minutes.

You shall accrue 12 hours of paid leave (i.e. vacation and sick leave) per 2-week period. You shall be fully compensated for these periods of authorized leave. Additionally, you shall be allotted up to 10 days professional leave annually for professional training (e.g., attendance to CME's). All costs associated with professional training (CMEs) shall be borne by the contractor.

All requests for time off for vacation or attendance of professional training shall be coordinated between you and the department head or his/her authorized representative. The department head will adjust your schedule accordingly. If the Navy terminates the contract or declines to exercise the option to renew, you shall be provided the opportunity to use any accrued paid leave. Leave without Pay (LWOP) may be granted after all paid leave has been exhausted for unusual and compelling circumstances (e.g. family leave) at the discretion of the Commanding Officer.

This position is for a period beginning from the start date (a date agreed upon by the successful applicant and the Government) through 30 September of the same year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

## II. STATEMENT OF WORK

**A. THE USE OF COMMANDING OFFICER MEANS:** Commanding Officer, Naval Medical Center, San Diego, CA, or designated representative, e.g., Department Head or Technical Liaison.

**B. THE RADIOLOGIST AS A PERSONAL SERVANT.** The services you are providing under this contract shall be rendered as personal services for the Navy, performing an agency function by providing direct medical care required by the Navy for its health care beneficiaries. Prior to performance of services, you shall submit to the technical liaison credentialing documents as required. Your activities shall be subject to day-to-day supervision and control by Navy personnel in a manner comparable to the supervision and control exercised over Navy uniformed and civil service personnel engaged in comparable work. The term "supervision and control" is defined as that process by which you receive technical guidance, direction and approval with regard to an element of work or a series of tasks within the requirements of this contract. It is the intent of the parties that this personal service contract create an employer-employee relationship between you and the Navy. Accordingly, personal injury claims alleging negligence by you within the scope of your performance of this contract shall be processed as claims alleging negligence by DOD military or civil service employees. **You are not required to maintain medical liability insurance.**

**C. DUTIES AND RESPONSIBILITIES.** You shall primarily perform a full range of Radiology Program Director services in support of the Radiology Residency program at the MTF. Additionally, you shall provide Diagnostic Radiologist services for inpatients and outpatients in support of the Radiology department using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

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1. Maintain the responsibility for the radiology residency training program to ensure compliance with Accreditation Council of Graduate Medical Education (ACGME) and the Residency Review Committee (RRC) as well as Bureau of Medicine and Surgery (BUMED), Naval School of Health Sciences (NSHS) and local directives. Prepare and submit reports as required.
2. Maintain responsibility for resident curriculum and provide regular evaluations and overall review of residents' performance.
3. Supervise and teach residents, fellows, medical students and interns daily. Provide educational and CME lectures and conferences for radiology residents and staff on a regular basis (frequency of lectures to be determined by the department head and presented to the staff at the beginning of the academic year). Provide and participate in in-service training to other hospital staff members at interdepartmental conferences, tumor boards etc.
4. Liaison with the NMCSO Director of Graduate Medical Education and the Diagnostic Radiology Specialty Leader as necessary in regard to resident selection and performance.
5. Assist and coordinate selection, approval and regular evaluation of residency teaching staff and collaborate with professionals of other services/disciplines to improve the quality of services.
6. Attend the quarterly NMCSO GME Committee meetings and periodic offsite meetings (e.g., 1 to 3 times per year) at Government expense which include Graduate Medical Education (GME) Selection Board for residents. All allowable travel expenses (e.g., lodging, per diem) will be paid in accordance with current published Joint Federal Travel Regulations (JFTR) rates.
7. Provide guidance and counseling to residents regarding performance, professionalism, conduct and career planning. Monitor resident stress and be sensitive to the need for the timely provision of confidential and psychological support services for residents.
8. Oversee the establishment, maintenance, and disposition of training records for trainees.
9. Keep the Commander and the NSHS GME Director via the Director of Medical Education fully informed of all communications with the ACGME.
10. Serve as the director of a subspecialty area of radiology for purposes for directing the thorough instruction of radiology residents in that subspecialty area in accordance with ACGME and radiology subspecialty association guidelines. This would include assuring the up to date practice of that subspecialty within the department, adherence to American College of Radiology (ACR) Practice Standards and the development of appropriate imaging protocols.
11. Provide a full range of radiology services to include routine and specialized radiographic procedures outlined in Attachment 6. Additionally, you shall apply for, and perform, those privileges as outlined in the current BUMED Credentialing Instruction and granted by the MTF Commanding Officer.
12. Provide on-call radiology services as outlined herein.
13. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.
14. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.
15. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
16. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner and participate in peer review and performance improvement activities.
17. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.

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18. Participate in and provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, students, etc.) assigned to you during the performance of duties.
19. Participate in continuing education to meet own professional growth and maintain licensure and certification.
20. Support the development of academic and research activities within the department including mentoring residents in research projects.
21. Attend annual renewal of hospital provided annual training such as family advocacy, disaster training, infection control, sexual harassment, and bloodborne pathogens.
22. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
23. Participate in peer review and performance improvement activities.
24. Participate in the implementation of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation, and reporting.
25. Perform limited administrative duties which include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), participating in education programs, and participating in clinical staff quality assurance functions as prescribed by the Commanding Officer.
26. Perform technical duties including, but not limited to, aiding in the evaluation and procurement of imaging equipment and software.
- 27. Comply with the requirements of the Navy's radiation monitoring program as described in NAVMED P-5055, Radiation Health Protection Manual. The Radiation Safety Division will supply the radiologist with a personal dosimeter and the radiologist will be enrolled in the command radiation protection program. The radiologist will be notified of their annual radiation exposure levels and anytime their exposure exceeds ALARA (as low as reasonably achievable) levels.**

**D. MINIMUM PERSONNEL QUALIFICATIONS.** To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited institution approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
2. Have completed a residency training program in Radiology approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.
3. Possess Board Certification in Radiology by the American Board of Radiology, the American Osteopathic Board of Radiology or their Canadian equivalents.
4. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
5. Possess current certification in Basic Life Support (BLS) prior to commencement of services.
6. Possess documentation of Drug Enforcement Agency (DEA) number or narcotics license prior to commencement of services.

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7. Have a minimum of 36 months of participation as an active faculty member in an accredited residency program. In addition, have at least 1 year of experience within the preceding 3 years as a Diagnostic Radiologist in a setting of similar size and complexity. The healthcare worker shall be qualified to perform the basic procedures as specified in Attachment 6.

8. Be eligible for U.S. employment.

9. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor. The other must be from either clinic or hospital administrators, or practicing physicians. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

10. Represent an acceptable malpractice risk to the Navy.

11. Submit a fair and reasonable price, which has been accepted by the Government.

**E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Sheet," Letters of Recommendation and the DD 214 (if you possess prior military services) shall be used to evaluate these items.

1. Academic or research experience including basic or applied research and publications and adjunct academic appointments.

2. Either possess, or be eligible for, a Certificate of Added Qualifications in a recognized radiology subspecialty as determined by the American Board of Radiology or certification in a recognized radiology subspecialty as determined by the American Osteopathic College of Radiology; or completion of fellowship specialty training in one or more radiology subspecialties.

3. Quantity and quality of experience to perform the duties as specified herein. Applicants who demonstrate ability to perform a greater number of additional procedures listed in Attachment 7 may receive a higher ranking.

4. Letters of recommendation required in item D.9, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.

5. Total Continuing Medical Education (CME) hours.

6. Experience in a DOD medical facility.

**F. INSTRUCTIONS FOR COMPLETING THE APPLICATION.** To be qualified for this contract position, you must submit the following:

1. \_\_\_\_\_ Two copies of a completed, "Personal Qualifications Sheet" (Attachment 1) \*
2. \_\_\_\_\_ A completed Pricing Sheet (Attachment 2)
3. \_\_\_\_\_ Two copies of employment eligibility documentation (Attachment 3)
4. \_\_\_\_\_ A completed CCR Application Confirmation Sheet (Attachment 4)
5. \_\_\_\_\_ A completed Small Business Program Representations Form (Attachment 5)
6. \_\_\_\_\_ Two letters of recommendation per paragraph D.9. above.
7. \_\_\_\_\_ Completion of Basic Procedures Sheet (Attachment 6).
8. \_\_\_\_\_ Completion of Additional Procedures Sheet (Attachment 7).

\*Please answer every question on the "Personal Qualifications Sheet" (Attachment 1). Mark "N/A" if the item is not applicable.

### **G. OTHER INFORMATION FOR OFFERORS.**

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ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

**PLEASE NOTE:** As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

**CAGE Code:** A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

**US Federal TIN:** A Taxpayer ID Number or TIN is the same as your Social Security Number.

**NAICS Code:** A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

**If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.**

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

Upon award, an Individual Credentials File (ICF) shall be completed prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C (or current version) detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web

at: <http://navymedicine.med.navy.mil/instructions/default.asp?iPageNum=4&sort=id&desc=1> If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended.

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The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed to [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil) , by fax at (301) 619-6793, or by telephone at (301) 619-2151. Please note that the reference number for this procurement is SO-10-03.

We look forward to receiving your application.

ATTACHMENT #1

PERSONAL QUALIFICATIONS SHEET – RADIOLOGY RESIDENCY PROGRAM  
DIRECTOR/DIAGNOSTIC RADIOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D of the Notice of Contracting Opportunity. **In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item X. of this Sheet.**
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet for Privileged Providers, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur:  
  
**a) Your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that your are no longer eligible for future Government contracts.**  
  
**b) You may loose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.**
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- |  | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?<br>(indicate final disposition of case in comments)          | ___        | ___       |
| 2. Have you ever been a defendant in a felony or misdemeanor case?<br>(indicate final disposition of case in comments) | ___        | ___       |
| 3. Has your license to practice or DEA certification ever been revoked<br>or restricted in any state?                  | ___        | ___       |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

(mm/dd/yy)



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**I. General Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

**Medical Information**

YES NO

1. Do you have any physical or mental impairment that could limit your clinical practice?

\_\_\_\_

2. Have you been hospitalized for any reason during the past 5 years?

\_\_\_\_

3. Are you currently receiving or have you ever received formal mental health therapy or treatment?

\_\_\_\_

4. Are you currently receiving, or have you in the past ever received, treatment or therapy for any alcohol or drug-related condition?

\_\_\_\_

5. Have you ever been unlawfully involved in the use of controlled substances?

\_\_\_\_

**II. Professional Education**

**A. Medical School (Section D, Item 1 of the Notice of Contracting Opportunity):**

a. Name of Accredited School: \_\_\_\_\_ Date of Training  
(From) (To)  
\_\_\_\_\_

b. Type of Degree: \_\_\_\_\_

c. Location and Address of School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. ECFMG Certification: \_\_\_\_\_

**B. Residency Training (Section D, Item 2 of the Notice of Contracting Opportunity):**

a. Name of Accredited School: \_\_\_\_\_

b. Residency (Specialty): \_\_\_\_\_ Date of Training  
(From) (To)  
\_\_\_\_\_

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c. Location and Address of School:

\_\_\_\_\_  
\_\_\_\_\_

**III. Board Certification (Section D, Item 3 of the Notice of Contracting Opportunity):**

\_\_\_\_\_  
Specialty Date of Certification (mm/dd/yy)

**IV. Professional Licensure (License must be current, valid, and unrestricted) (Section D, Item 4 of the Notice of Contracting Opportunity):**

\_\_\_\_\_  
(State) Date of Expiration: \_\_\_\_\_ (mm/dd/yy)

\_\_\_\_\_  
(State) Date of Expiration: \_\_\_\_\_ (mm/dd/yy)

\_\_\_\_\_  
(State) Date of Expiration: \_\_\_\_\_ (mm/dd/yy)

**V. DEA Certification (Section D, Item 6 of the Notice of Contracting Opportunity):**

\_\_\_\_\_  
DEA Number Date of Expiration: \_\_\_\_\_ (mm/dd/yy)

**VI. Medical Certification: This should include BLS, or ACLS, etc. (Section D, Item 5 of the Notice of Contracting Opportunity).**

\_\_\_\_\_  
Certificate Date of Certification or Expiration: \_\_\_\_\_ (mm/yy)

\_\_\_\_\_  
Certificate Date of Certification or Expiration: \_\_\_\_\_ (mm/yy)

\_\_\_\_\_  
Certificate Date of Certification or Expiration: \_\_\_\_\_ (mm/yy)

**VII. Professional Employment (Section D, Item 7 of the Notice of Contracting Opportunity and Factor for Award):** List your current and preceding employers. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
---	-------------	-----------

(1) _____		
_____		
_____		

**Position Title and Brief Description of Duties:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**VII. Professional Employment** (Section D, Item 7 of the Notice of Contracting Opportunity and Factor for Award): List your current and preceding employers. Provide dates as month/year (Cont'd).

	<u>From</u>	<u>To</u>
(2)	_____	_____
	_____	_____

**Position Title and Brief Description of Duties:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<u>From</u>	<u>To</u>
(3)	_____	_____
	_____	_____

**Position Title and Brief Description of Duties:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?

When does the contract expire? \_\_\_\_\_

**VIII. Continuing Education** (Factor for Award):

Title of Course	From	To	CE Hours
_____			
_____			
_____			
_____			

**IX. Employment Eligibility** (Section D, Item 8 of the Notice of Contracting Opportunity):

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility?	_____	_____

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**X. Professional References (Section D, Item 9 of the Notice of Contracting Opportunity)**

Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor. The other must be from either clinic or hospital administrators, or practicing physicians. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference

**XI. Academic Research/Appointments (Factor for Award).**

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**XII. Certificate of Added Qualifications or Subspecialty Certifications (Factor for Award).**

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**XIII. Experience in a DoD Facility (Factor for Award).**

Name and Location of Facility:

Date(s):

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**XIV. Additional Information:**

Provide any additional information you feel may enhance your ranking based on Section E. Factors to be Used in a Contract Award Decision, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

I hereby certify the above information to be true and accurate:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_(mm/dd/yy)  
(Date)

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ATTACHMENT #2  
PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 16 June 2003 through 30 September 2003. Five option periods will be included which will extend services through 15 June 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Radiologists in the San Diego, CA area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one full-time Director, Radiologist at the Naval Hospital, San Diego, CA in accordance with this Application and the resulting contract				
0001AA	Base Period; 16 June 03 thru 30 Sep 03	616	Hour	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AF	Option Period V; 1 Oct 07 thru 15 June 08	1480	Hour	_____	_____

TOTAL CONTRACT \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

ATTACHMENT #3

**NAVAL MEDICAL LOGISTICS COMMAND**  
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**SUBMIT ONE FROM LIST A**

**LIST A**

**Documents that Establish Both Identity and Employment Eligibility**

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

**OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**

**LIST B**

**Documents that Establish Identity**

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address

**LIST C**

**Documents that Establish Employment Eligibility**

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)

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3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

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**ATTACHMENT #4  
CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.dlis.dla.mil/ccr/>. If you do not have internet access, please contact Contract Specialist #220 at (301) 619-2151 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command  
ATTN: Code 02 (Specialist 220)  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
FAX (301) 619-6793

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date CCR Form was submitted: \_\_\_\_\_

Assigned DUN & BRADSTREET #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

**Section A.**

( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.

( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

**Section B**

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

\_\_\_ Black American.

\_\_\_ Hispanic American.

\_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

\_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

\_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

ATTACHMENT 6

DIAGNOSTIC RADIOLOGY – BASIC PROCEDURES

The following is a list of the basic procedures required for Diagnostic Radiologists. Please place a check mark next to the procedures that you are currently qualified to perform.

-----  
Consultation, diagnostic workup planning, radiation monitoring, performing, and interpreting the following diagnostic procedures:

- \_\_\_ Routine radiographic studies including the chest, abdomen, extremities, head, and neck
- \_\_\_ Fluoroscopic procedures of the gastrointestinal tract; e.g., barium swallow, enteroclysis, upper gastrointestinal series, small bowel followthrough, air contrast, and solid column barium enemas
- \_\_\_ Radiologic procedures of genitourinary tract; e.g., intravenous pyelogram, voiding cystourethrogram, hysterosalpingogram
- \_\_\_ Radiographic procedures upon the musculoskeletal system; e.g., arthrograms of all types
- \_\_\_ Supervising the performance and interpreting the results of screening, indicated, or diagnostic mammograms, including needle localization of any masses found
- \_\_\_ Ultrasound procedures of: the obstetrical patient and her fetus, the female pelvis, the abdomen including the kidneys, liver, spleen, biliary tract, gallbladder, pancreas, the thyroid, the chest for effusion, and the scrotum
- \_\_\_ Advanced ultrasound procedures of: Endovaginal ultrasound, Doppler imaging of veins and arteries, e.g., carotid, neurosonology
- \_\_\_ Supervising the performance of and interpreting of routine computed tomography of head, spine, and body
- \_\_\_ Routine Magnetic Resonance Imaging for head, spine, body and major joints, e.g., shoulder, knee, ankle, etc.
- \_\_\_ Performing and interpreting venography of the major vessels
- \_\_\_ Supervising the performance and interpreting the images obtained in nuclear medicine procedures using the radioisotopes Tc-99M, I-131, I-123, Ga-67, Tl-201, Xe-133, and Xe-127\*\*

\*\* These procedures require the concurrent approval of the Radiation Safety and Radioisotope Committee following applicable Nuclear Regulatory Commission (NRC) regulations.

I certify that I am currently qualified to perform the procedures denoted above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ATTACHMENT 7

**DIAGNOSTIC RADIOLOGY – ADDITIONAL PROCEDURES**

The following is a list of the additional diagnostic radiology procedures. Please place a check mark next to the procedures that you are currently qualified to perform.

-----

☐ Supervising the performance of, and interpretation of, computed tomographic studies for the head, spine, and body:

Advanced ultrasound studies:

- ☐ Endorectal imaging
- ☐ Echocardiography

Advanced neuroradiological procedures:

- ☐ Cervical myelography via C2 puncture
- ☐ Intracranial arterial catheterization or embolization

Magnetic resonance imaging:

- ☐ Intracranial imaging
- ☐ Spinal cord imaging
- ☐ Spinal canal imaging
- ☐ Chest and heart imaging
- ☐ Abdominal and pelvic imaging
- ☐ Musculoskeletal imaging; e.g., shoulders, knees, ankles and elbows

Advanced angiography:

- ☐ Transluminal angioplasty peripheral arteries
- ☐ Transluminal angioplasty of renal arteries
- ☐ Embolization procedures
- ☐ Placement of caval filters
- ☐ Performance and interpretation of lymphangiography
- ☐ Performing and interpreting angiography of the major vessels including arteriography

Advanced interventional procedures:

- ☐ Guided biopsies using fluoroscopy, computerized tomography, or ultrasound of deep solid masses or organs
- ☐ Pulmonary biopsies
- ☐ Puncture and drainage of fluid collection and abscesses
- ☐ Percutaneous transhepatic cholangiography
- ☐ Percutaneous biliary drainage
- ☐ Percutaneous nephrotomy and subsequent drainage
- ☐ Transjugular intrahepatic portosystem shunts
- ☐ Performing and interpreting myelograms of the cervical thoracic, and lumbar spine via a lumbar puncture using fluoroscopic guidance

**\*\* Advanced nuclear medicine studies:**

- ☐ Use of Iodine 131 for therapy in Graves or Plummer's disease (less than 30 millicuries)
- ☐ Use of P-32 for intravenous and intraperitoneal use
- ☐ Use of Iodine 131 for therapy in thyroid carcinoma in amounts greater than 30 millicuries

**\*\* These procedures require the concurrent approval of the Radiation Safety and Radioisotope Committee following applicable NRC regulations.**

I certify that I am currently qualified to perform the procedures denoted above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date